3		3
4	Government of the District of Columbia 2004 FR-127F SUB Extension	4
5	of Time to File	5
6	Fiduciary Income Tax Return	*041270410000*
7	riducially interinterial near the tarm	7
8		OFFICIAL USE ONLY 8
9	Leave lines blank that do not apply.	9
10	Taylord Sections (AMANA)	10
1 1	Tax year beginning (MM/YY) Tax year ending (MM/YY) MMYY MMYY	1,
12		
13	Fiduciary information	
14	Estatte or trust federal employer ID number	Daytime phone number 999999999999999999999999999999999999
15	99999999	999999999
16		16
17	Estate or trust name	17
18	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
19	Fiduciary's name and title	
20	AAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA	AAAA
	V	
21	Fiduciary's address (number and street) Fill in X if this is your first return or	or if your address changed from your last return Apartment number
22	99999AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
23	XAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	AA
24		
25	City	State Zipcode 25
26	AAAAAAAAAAAAAAAA	AA 999999999
27		27
28		28
29	Extension to file	29
30		
31	October 15, 2005 for calendar year filers; or	Round cents to the nearest dollar. If amount is zero, leave the line blank.
32	Six (6) months after the due date for the fiscal year filers	32
33	1 Total estimated income tax liability for 2004	1 \$ 9999999900
34		34
35	2 2004 estimated tax payments	2 \$ 9999999900
36		34
37	3 Amount due with this request If Line 1 is more than Line 2, subtract Line 2 fro.	om Line 1. 3 \$ 9999999900
38	You must send payment in full with this form or your request will be denied.	38
39	If Line 2 is more than Line 1, you do not need to file this form, you have an automatic	ic extention.
40		40
41	Attach check or money order made payable to DC Treasurer. Write the Estate or Tru	rust, SSN or FEIN and *2004 FR-127F* on your payment.
42	You may not pay by credit card. Mall this form with any payment due by the due	
43		45
44		44
45		45
46	Signature	46
47		47
48		46
49		46
50	Signature of fiduciary or officer representing the fiduciary Date	te. 50
51	Only of industry of vines representing the industry	5
52	Send your signed and completed form to: Office	e of Tax and Revenue
53		North Capitol Street NE, 6th floor
54	Washi	lington, DC 20002-4265
55		55
56		52
57	Save a copy of this form for your records.	57
58	Save a copy of this form for your records.	55
59		55
60		66.
61		6
62		66
63	2004 FR-127F S	
64		64
65	Revised 9/04	66
	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	
1111		